

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is

subject to a penalty fee of \$25.00.						
1. Согрогане ID No 19473	2. Name of Corporation E. F. O'DONNEL	L & SONS CO.				
3. Street Address Principal Business Office 75 Dike Street			Providence	State RI	02909	
4. Business Phone No. 5. State of Incorporation (401) 351-8505 RHODE ISLAND						
6. Brief Description of the Character of GENERAL PAINTING, REF	INISHING AND DEC	CORATING WORK OF				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	_	SPACES BEFORE USING	ATTACHMENTS	
President Name Robert E. O'Donnell			Vice President Name Judith K. O'Donnell			
			•			
Street Address 75 Dike Street			75 Dike Street			
Providence	RI RI	^{Zip} 02909	Providence	RI RI	02909	
Secretary Name Judith K. O'Donnell			Treasurer Name Robert E. O'Donnell			
Street Address 75 Dike Street			75 Dike Street			
City Providence	State RI	^{Zip} 02909	сту Providence	State RI	^{Zip} 02909	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT		N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name None			
None			: NOTE : Street Address			
Street Address			Street Mattress			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
None			None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	I	1	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			3 3/4	Common	No Par	
This report must be executed	on behalf of the corr	poration by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee,	
this report must be executed	on behalf of the corp	oration by the receiver	or trustee.	-		
					that I have examined this report	
-W E G 2		7			atements, and that all statement	
FILED		contained nerein	contained herein are true and correct.			
File Date			<u> </u>			
JAN 2 6 200		Signature	··			
Check No.			Robert E. O'Donnell			
FOR SECRETARY OF STATE USE ONLY			Print or Type Name			
			President	· ·		
TORSECRETARIOFS	TE ODE ONE!	1	Title		Form 630 Rev. 08/08	